

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1408
Registrar's No. 368

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wesley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 5 Days
years, months or days)

3. (a) PRINT FULL NAME

Archie Mickelberry

3. (b) If veteran,
name war NO

3. (c) Social Security
No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife Eula Mickelberry 6. (c) Age of husband or wife if
alive 40 years

7. Birth date of deceased July 7 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 17 If less than one day
hr. min.

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name George Mickelberry
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name Rose Hardwick
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Eula Mickelberry

(b) Address Crescenton Mo.

17. (a) Burial (b) Date thereof Jan 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescenton

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City Mo.

19. (a) Jan 25 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Brighton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1941 hour 6 PM minute 30 M.

21. I hereby certify that I attended the deceased from Jan 20 1941 to Jan 24 1941
that I last saw him live on Jan 24 1941
and that death occurred on the day and hour stated above.

Immediate cause of death Lobar Pneumonia 4 days
Due to 12/1
Due to

Other conditions Peritonitis
(Include pregnancy within 3 months of death)

Major findings: Gangrene
Of operations appendix
Of autopsy no
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

(Specify type of place)
While at work? no (e) Means of injury no

23. Signature J. F. Mackey (M. D. position)
Address Kansas City Mo. Date signed 1-25-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 13 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed A. R. Hainschild

Licensed Embalmer No. 4159

P. O. Address Kansas city Mo

Note: - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.